REMARKS

By this Amendment, claim 12 is cancelled, and claims 1-11 and 13-36 are amended. Thus, claims 1-11 and 13-36 are active in the application. Reexamination and reconsideration of the application are respectfully requested.

The specification and abstract have been carefully reviewed and revised in order to correct grammatical and idiomatic errors in order to aid the Examiner in further consideration of the application, and to correct the informalities of the abstract as identified in item 1 on page 2 of the Office Action. The amendments to the specification and abstract are incorporated in the attached substitute specification and abstract. No new matter has been added.

Also attached hereto is a marked-up version of the substitute specification and abstract illustrating the changes made to the original specification and abstract.

Replacement formal drawings of Figures 1-16 are submitted concurrently herewith under a separate cover letter in order to revise Figure 8. In particular, Figure 8 illustrates a display screen for carrying out an alert setting process 104 at the doctor terminal 2. Examples of the available processes that can be performed in the doctor terminal 2 are illustrated in vertical column format in the menu selection area 112 of the display screen of Figure 8. When a process is selected, the color of the button corresponding to the process is made to be different than the color of the non-selected processes so as to facilitate recognition. For instance, Figure 7 illustrates the advice entry process button 100a as being selected in the menu selection area 112, and Figure 9 illustrates the sensitivity setting process button 105a as being selected in the menu selection area 112.

However, although Figure 8 is described in the specification as illustrating the selection of the alert setting process 104, the button 104a corresponding to the alert setting process 104 was not illustrated in Figure 8 as being selected in the menu selection area 112. Instead, the advice entry process button 100a is illustrated as being selected. Accordingly, Figure 8 has been revised to illustrate the alert setting process button 104a as being selected. Approval of the replacement formal drawings is respectfully requested.

The Applicants thank the Examiner for considering the references listed on the November 15, 2001 Form PTO-1449, July 7, 2004 Form PTO-1449, January 14, 2005 Form PTO-1449. However, the Examiner did not return an Examiner-initialed copy of the September 12, 2005 Form PTO-1449 to indicate consideration of the reference listed thereon, presumably because the

September 12, 2005 Information Disclosure Statement was filed just prior to the issuance of the Office Action. Accordingly, the Applicants respectfully request the Examiner to consider the reference listed on the September 12, 2005 Form PTO-1449 and to return to the Applicants an Examiner-initialed copy of the September 12, 2005 Form PTO-1449 to indicate consideration of the reference listed thereon.

The Applicants note that the Examiner failed to acknowledge, in item 12 on the Office Action Summary form, the Applicants' claim of foreign priority based on Japanese Patent Application No. 2000-162012, Japanese Patent Application No. 2000-170126 and Japanese Patent Application No. 2000-198328, and the receipt of the certified copies of the foreign priority documents. A Claim of Priority and certified copies of the three foreign priority documents were filed on August 29, 2001 and are of record in the present application. Accordingly, the Applicants respectfully request the Examiner to acknowledge the Applicants' claim of foreign priority and the receipt of the certified copies of the foreign priority documents.

In item 3 on page 2 of the Office Action, claims 1-36 were rejected under 35 U.S.C. § 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which the Applicants regard as the invention. In particular, the Examiner asserted that the claims are generally narrative and indefinite, include unclear terms such as "wherein the center server has an administrator terminal function" (original claim 4) and "software content" (claim 5), and include the phrase of "such as" which render the claims indefinite. This rejection is believed to be moot with respect to claim12 in view of the cancellation of this claim.

Claims 1-11 and 13-36 have each been amended so as to more clearly and definitely recite each limitation and to improve their U.S. form. The Applicants respectfully submit that amended claims 1-11 and 13-36 are now clearly definite by particularly pointing out and distinctly claiming the subject matter which the Applicants regard as the invention. Accordingly, the Applicants respectfully request the Examiner to withdraw the rejection of claims 1-11 and 13-36 under 35 U.S.C. § 112, second paragraph.

In item 5 on page 3 of the Office Action, claims 1-36 were rejected under 35 U.S.C. § 102(b) as being anticipated by Survit et al. (U.S. 6,024,699). This rejection is respectfully traversed for the following reasons.

The present invention provides a medical checkup network system that includes a patient terminal, a doctor terminal and a center sever. The present invention provides that a plurality of procedures are able to be performed in the doctor terminal for conducting activities related to ensuring the proper medical care and diagnosis of a patient at his or her patient terminal.

One of these procedures is setting, in the doctor terminal, the level of sensitivity of a sensor at the patient terminal. As shown in Figures 1 and 11, for example, the patient terminal includes a health sensor for measuring biodata of the patient. The measured biodata is transferred to the doctor terminal through the center server, and the biodata of a patient is used by a doctor or medical staff to conduct a diagnosis of a patient and provide medical support data to the patient. As shown in Figure 11, the sensor 5 at the patient terminal includes a blood pressure/pulse meter 5a, a thermometer 5b and an electrocardiograph 5c.

By using the doctor terminal, a doctor or medical staff is able to remotely set the level of sensitivity of the sensor for receiving signals at the patient terminal. To ensure accurate measurement and diagnosis for each patient, the level of sensitivity of the sensor at the patient terminal should be adjusted because, for example, stethoscope signals or electrocardiograph signals largely vary between patients. Therefore, to ensure accurate measurement of biodata for each patient, since the sensitivity level of the sensor at the patient terminal varies for each patient, a doctor or medical staff can set the appropriate sensitivity level of the sensor at the patient terminal.

For instance, as shown in Figure 9, a doctor or medical staff at the doctor terminal can set the appropriate sensitivity level of a stethoscope (sensor) at the patient terminal by manipulating the data in the stethoscope setting box 123, or can set the appropriate sensitivity level of an electrocardiograph (sensor) at the patient terminal by manipulating the data in the electrocardiograph setting box 124. Once the appropriate sensitivity setting data is entered in the doctor terminal, it is transferred to the center server and in turn delivered to the appropriate patient terminal.

Accordingly, since the sensitivity of health sensor signal reception at the patient terminal is controlled from remote locations, the measurement of biodata at the patient terminal can be increased in accuracy. This function of the present invention is particularly desirable because the stethoscope signal and the electrocardiograph signal largely vary in magnitude between individual patients.

This feature of the present invention was recited in cancelled claim 12. Independent claims 1 and 2 have each been amended to include the limitations of cancelled claim 12.

Accordingly, claims 1 and 2 each recite that the doctor terminal includes a sensitivity setting section for determining a level of sensitivity for receiving, at the patient terminal, a signal output from a sensor, and the center server includes a section for receiving and storing the sensitivity level determined by the sensitivity setting section of the doctor terminal. Furthermore, claims 1 and 2 each recite that the patient terminal includes a section for communicating with the center server to receive the sensitivity level and modifying the sensitivity of the sensor based on the received sensitivity level.

The Examiner alleged that this feature of the present invention is disclosed by Surwit et al. However, for the following reasons, the Applicants respectfully submit that Surwit et al. clearly does not disclose or suggest this feature of the present invention, as recited in claims 1 and 2.

Surwit et al. discloses a system and method for monitoring, diagnosing and treating medical conditions of remotely located patients. In particular, Surwit et al. discloses a portable patient monitor (PPM) 12 provided at a patient's home, a central data processing system (PAC server) 14, and case manager clients (CMCs) 16. Surwit et al. discloses that data transmitted from a PPM 12 to the PAC server 14 is analyzed to identify emergency medical conditions requiring immediate medical attention. Surwit et al. also discloses a prioritization process by which data transmitted from multiple PPMs is prioritized according to medical necessity. The CMCs 16 receive patient medical transmitted data via the PAC server 14, and allow medical personnel to review and analyze patient medical data.

The Examiner alleged that Column 16, lines 50-57 of Surwit et al. disclose the sensitivity level setting process performed at the doctor terminal and received by the patient terminal. However, this section of Surwit et al. merely discloses that predetermined problem definitions, which relate to various conditions of patients, such as high blood sugar without urine ketones, may be configured to reflect individual patient differences by adjusting the default physiologic or behavioral parameters which will trigger the identification of given problems. Accordingly, Surwit et al. merely discloses that problem definitions relating to particular medical problems can be modified according to the behavioral conditions of monitored patients.

However, neither the aforementioned section of Surwit et al. nor any other portion of Surwit et al. remotely discloses, suggest or even contemplates a doctor terminal setting the level of sensitivity of a sensor at a patient terminal, a center server receiving and storing the sensitivity level determined by the doctor terminal, and a patient terminal receiving the sensitivity level and modifying the sensitivity level of the sensor at the patient terminal based on the received sensitivity level, as recited in claims 1 and 2.

Accordingly, claims 1 and 2 are clearly not anticipated by Surwit et al. since Surwit et al. clearly fails to disclose each and every limitation of claims 1 and 2.

Furthermore, it is submitted that the clear distinctions discussed above are such that a person having ordinary skill in the art at the time the invention was made would not have been motivated to modify Surwit et al. in such as manner as to result in, or otherwise render obvious, the present invention as recited in claims 1 and 2.

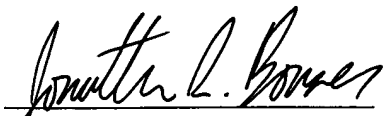
Therefore, it is submitted that the claims 1 and 2, as well as claims 3-11 and 13-36 which depend therefrom, are clearly allowable over the prior art as applied by the Examiner.

In view of the foregoing amendments and remarks, it is respectfully submitted that the present application is clearly in condition for allowance. An early notice thereof is respectfully solicited.

If, after reviewing this Amendment, the Examiner feels there are any issues remaining which must be resolved before the application can be passed to issue, the Examiner is respectfully requested to contact the undersigned by telephone in order to resolve such issues.

Respectfully submitted,

Shunichi NAGAMOTO et al.

By: 

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AMENDMENTS TO THE DRAWINGS

Replacement formal drawings of Figures 1-16 are submitted concurrently herewith under a separate cover letter.